



**LUMMI INDIAN BUSINESS COUNCIL**  
**Lummi Nation Police Employment Application**  
2665 KWINA ROAD, BELLINGHAM, WA 98226 Fax No 360-312-9834

Please include a cover letter and resume along with this application.

PRINT LEGIBLY

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First

\_\_\_\_\_  
Middle

**REQUIREMENTS**

1. Minimum Age 21 years.
2. Applicant shall not have been convicted by any state, tribe or by the federal government of any crime, any punishment for which could have been imprisonment in a federal, state or tribal prison or institution, and shall not have been convicted of any offense involving moral turpitude, narcotics or drugs. **\*\*PLEASE REVIEW INCLUDED BACKGROUND CHECK POLICY – POSITION IS SUBJECT TO ALL CATEGORIES\*\***
3. Good physical and mental health.
4. United States Citizen.
5. High School Diploma or GED.
6. Able to obtain state and U.S. government license.

**POSITION APPLYING FOR:**

☐ **Police Officer**

☐ **Natural Resource Officer**

☐ **Administrative**

Applicant must successfully complete and pass a written examination, physical, agility test, oral interview, polygraph test, psychological test, physical examination, background interviews and credit check.

**INDIAN PREFERENCE** I plan to claim Indian Preference:

☐ Yes

☐ No

Tribe \_\_\_\_\_ Enrollment # \_\_\_\_\_

If yes, attach copy of Tribal or B.I.A card

**MILITARY PREFERENCE** I plan to claim military preference:

☐ Yes

☐ No

(If yes, attach copy of DD 214)

**POLICE ACADEMY PREFERENCE** I plan to claim basic police academy:

☐ Yes

☐ No

If yes, attach copy of B.I.A. or Washington State Basic Academy Certificate

If no, complete and attach 3 year agreement

**Application and Investigative Questionnaire for Designated Law Enforcement Positions**  
**must be completely filled out – do not leave any answers blank.**

**DIRECTIONS TO APPLICANT**

Read carefully before answering the following questions.

- I. All the statements in this application shall be under the penalties of perjury and the applicant's own handwriting, in ink. An unreadable application will be rejected.
- II. No recommendations or certificates other than those provided for at the end of this application will be received.
- III. Applicants will be notified of the time and place of testing. It is the responsibility of the applicant to notify Lummi Human Resources of change of address or telephone number.
- IV. Failure to properly fill the blanks or to send satisfactory certifications will result in rejection of the application. Applications that show the applicant lacks the qualifications as to age, health, etc. required by rules will be rejected and the applicant notified.
- V. I understand that if hired my first year of employment will serve as a probationary period.

Full Name \_\_\_\_\_  
Last First MI

Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Present Address: \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_

How long at this address? \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Present Occupation \_\_\_\_\_

Name, address and phone number of someone who will be able to contact you at all times:

\_\_\_\_\_  
\_\_\_\_\_

Total income last year (yours only) \$ \_\_\_\_\_

Total income last year (from all sources) \$ \_\_\_\_\_

Have you ever had any traffic tickets? ☐ Yes ☐ No

For what? \_\_\_\_\_

Driver's license number \_\_\_\_\_ State \_\_\_\_\_ How long? \_\_\_\_\_

What sports have you participated in?

What are your hobbies? \_\_\_\_\_

Can you operate a motorcycle? ☐ Yes ☐ No

Are you a member or affiliated with any organization considered subversive? ☐ Yes ☐ No

Can you type? ☐ Yes ☐ No WPM \_\_\_\_\_

Do you have a satisfactory credit rating? ☐ Yes ☐ No

Have you ever been refused credit? ☐ Yes ☐ No

Have you ever declared bankruptcy? ☐ Yes ☐ No

Are you buying on credit now? ☐ Yes ☐ No

What is your current debt amount? \$ \_\_\_\_\_

For what? \_\_\_\_\_

Do you own your home? ☐ Yes ☐ No

Do you have good eyesight? ☐ Yes ☐ No Explain: \_\_\_\_\_

Do you have good hearing? ☐ Yes ☐ No Explain: \_\_\_\_\_

Ever applied for Law Enforcement? ☐ Yes ☐ No

Where \_\_\_\_\_ Date \_\_\_\_\_ Accepted ☐ Yes ☐ No

Have you ever been fingerprinted? ☐ Yes ☐ No

Ever worked night or swing shifts? ☐ Yes ☐ No

Will you now? ☐ Yes ☐ No

Please provide any additional knowledge, skills, qualifications that you may have, and any professional organizations, which you belong to that, are relative to the position you are currently applying for. Any special training you feel would benefit you in this line of work, i.e.: EMT, Firearms, etc.

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## EXPERIENCE

Are there any restrictions on your availability for employment in law enforcement?

☐ Yes    ☐ No    (e.g., unable to work varying shifts, holidays, weekends, overtime, emergency call backs, still in school; unwilling to submit to background investigation/ polygraph/ physical examination) If yes, explain below:

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**REMARKS/CLARIFICATION:** Use this section to explain convictions, dismissal or forced resignation, gaps in employment, or other information pertinent to your consideration for employment as a Police Officer.

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Why do you want to enter the field of law enforcement?

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\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

# Investigative Questionnaire for Designated Law Enforcement Positions

**Notice to Applicant:** 25 CFR 12, Section 231 of the Crime Control Act of 1990, Public Law 101-647 (codified in 42 United States Code § 13041), Public Law 101-630 (codified in 25 United States Code § 3207) requires law enforcement positions have a national criminal history record check and financial record check as a condition of employment.

<b>1. Full Name</b>				<b>2. Date of Birth</b>		
Last Name	First Name	Middle Name	Jr., II, etc.	Month	Day	Year
<b>3. Other Names Used</b> – Maiden name, from a former marriage, alias(s), or nickname(s).			<b>4. Driver's License</b>		<b>5. Social Security Number</b>	
Name			No.:                      State:			
<b>6. Your Contact Information</b>				<b>7. Place of Birth</b>		
Home (       )	Cell (       )	Email	City	County	State	
<b>8. Other Identifying Information</b>						
Height (feet and inches)	Weight (pounds)	Hair Color	Eye Color	Sex (Mark one box) Female <input type="checkbox"/> Male <input type="checkbox"/>		
<b>9. Citizenship</b>						
<input type="checkbox"/> I am a U.S. citizen or national by birth in the U.S. or U.S. territory/possession <input type="checkbox"/> I am a U.S. citizen, and I have dual citizenship with another country. If you have checked this box, provide the name of that country in the space provided below. <input type="checkbox"/> I am a U.S. citizen, but I was NOT born in the U.S. If you have checked this box, provide information about your proof of citizenship in the space provided below. <input type="checkbox"/> I am not a U.S. citizen. If you have checked this box, provide when you entered the U.S., your Alien Registration Number, and Country of Citizenship.						
Use this space to provide citizenship information.						
<b>10. Residence</b> – List where you have lived beginning with the most recent and working back ten (10) years. All periods in the last ten (10) years must be accounted for in your list.						
Month/Year Month/Year  1)                      To Present	Street Address		City	State	Zip code	
Month/Year Month/Year  2)                      To	Street Address		City	State	Zip code	
Month/Year Month/Year  3)                      To	Street Address		City	State	Zip code	
Month/Year Month/Year  4)                      To	Street Address		City	State	Zip code	
<b>11. Residence/Employment on an Indian Reservation</b> – List any Indian Reservation, Village, Community, Rancheria or Pueblo in which you have <u>lived</u> or <u>worked</u> in the last ten (10) years.						

### Questionnaire Continuation

Last Name	First Name	Middle Name	Jr., II, etc.	Month 00	Day 00	Year 0000
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**12. Education** – List the schools you have attended beyond high school beginning with the most recent and working back ten (10) years. You MUST list College or University degrees and the dates they were received.

Month/Year Month/Year	Name of School	Choose one: <input type="checkbox"/> Degree Only <input type="checkbox"/> Diploma (Explain) Major:	<input type="checkbox"/> Attendance <input type="checkbox"/> Other	If degree received, Month/Year Awarded
1)                      To				
Street Address and City of School		Telephone No.	State	Zip Code

Month/Year Month/Year	Name of School	Choose one: <input type="checkbox"/> Degree Only <input type="checkbox"/> Diploma Major:	<input type="checkbox"/> Attendance <input type="checkbox"/> Other	If degree received, Month/Year Awarded
2)                      To				
Street Address and City of School		Telephone No.	State	Zip Code

**13. Employment History** - List your employment activities beginning with the present and working back ten (10) years. The ten (10) year period must be accounted for without breaks. For periods of unemployment, list dates and "unemployed" or "attending school." Include the month and the year in the dates for each employment activity listed.

Month/Year Month/Year	Employer Name	Phone Number	Position Title
1)                      To			
Employer Street Address		City	State      Zip Code
Supervisor's Name	Telephone number (    )	Other Employer Reference	Telephone Number (    )
For this employment, in the last ten (10) years have you received a written warning, been officially reprimanded, suspended or disciplined for misconduct in the workplace, such as a violation of policy? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, provide the reason(s) for being warned, reprimanded, suspended or disciplined.			Date: (Month/Year)
If no longer employed, specific reason you left:			

Month/Year Month/Year	Employer Name	Phone Number	Position Title
2)                      To			
Employer Street Address		City	State      Zip Code
Supervisor's Name	Telephone number (    )	Other Employer Reference	Telephone Number (    )
For this employment, in the last ten (10) years have you received a written warning, been officially reprimanded, suspended or disciplined for misconduct in the workplace, such as a violation of policy? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, provide the reason(s) for being warned, reprimanded, suspended or disciplined.			Date: (Month/Year)

Reason You Left

### Questionnaire Continuation

Last Name		First Name		Middle Initial	Jr., II, etc.	Social Security Number	
Month/Year 3) To	Employer Name		Phone Number		Position Title		
Employer Street Address				City		State	Zip Code
Supervisor's Name		Telephone number ( )	Other Employer Reference			Telephone Number ( )	
For this employment, in the last ten (10) years have you received a written warning, been officially reprimanded, suspended or disciplined for misconduct in the workplace, such as a violation of policy? <input type="checkbox"/> Yes <input type="checkbox"/> No							
If Yes, provide the reason(s) for being warned, reprimanded, suspended or disciplined.						Date: (Month/Year)	
Reason You Left							

  

Month/Year Month/Year 4) To	Employer Name		Phone Number		Position Title		
Employer Street Address				City		State	Zip Code
Supervisor's Name		Telephone number ( )	Other Employer Reference			Telephone Number ( )	
For this employment, in the last ten (10) years have you received a written warning, been officially reprimanded, suspended or disciplined for misconduct in the workplace, such as a violation of policy? <input type="checkbox"/> Yes <input type="checkbox"/> No							
If Yes, provide the reason(s) for being warned, reprimanded, suspended or disciplined.						Date: (Month/Year)	
Reason You Left							

Month/Year Month/Year 5) To	Employer Name		Phone Number		Position Title		
Employer Street Address				City		State	Zip Code
Supervisor's Name		Telephone number ( )	Other Employer Reference			Telephone Number ( )	
For this employment, in the last ten (10) years have you received a written warning, been officially reprimanded, suspended or disciplined for misconduct in the workplace, such as a violation of policy? <input type="checkbox"/> Yes <input type="checkbox"/> No							
If Yes, provide the reason(s) for being warned, reprimanded, suspended or disciplined.						Date: (Month/Year)	
Reason You Left							

### Questionnaire Continuation

Last Name	First Name	Middle Initial	Jr., II, etc.	Social Security Number
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#### Employment Record

14. In the last ten (10) years, have you been: Fired from any job for any reason? Did you quit after being told that you would be fired? Did you leave any job by mutual agreement because of allegations of misconduct?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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If you answered "Yes", begin with the most recent occurrence and go backward, providing date fired, quit, or left, and other information requested below.

Month/Year	Month/Year	Specify Reason	Employer's Name and Address
1)	To		
Month/Year	Month/Year	Specify Reason	Employer's Name and Address
2)	To		

**15. Personal References** – List five (5) people who know you well. They should be good friends, peers, roommates, etc., and who have known you for at least the last ten (10) years. Do **not** list relatives or anyone who is listed elsewhere on this form.

1) Name	Dates Known Month/Year Month/Year To	Telephone Number <input type="checkbox"/> Work (    ) <input type="checkbox"/> Cell (    ) <input type="checkbox"/> Home (    )
Home or Work Address	City	State    Zip Code
2) Name	Dates Known Month/Year Month/Year To	Telephone Number <input type="checkbox"/> Work (    ) <input type="checkbox"/> Cell (    ) <input type="checkbox"/> Home (    )
Home or Work Address	City	State    Zip Code
3) Name	Dates Known Month/Year Month/Year To	Telephone Number <input type="checkbox"/> Work (    ) <input type="checkbox"/> Cell (    ) <input type="checkbox"/> Home (    )
Home or Work Address	City	State    Zip Code
4) Name	Dates Known Month/Year Month/Year To	Telephone Number <input type="checkbox"/> Work (    ) <input type="checkbox"/> Cell (    ) <input type="checkbox"/> Home (    )
Home or Work Address	City	State    Zip Code
5) Name	Dates Known Month/Year Month/Year To	Telephone Number <input type="checkbox"/> Work (    ) <input type="checkbox"/> Cell (    ) <input type="checkbox"/> Home (    )
Home or Work Address	City	State    Zip Code

### Questionnaire Continuation

Last Name	First Name	Middle Initial	Jr., II, etc.	Social Security Number
<b>16. Citizenship of Your Relatives and Associates</b>				
<b>A</b> If your mother, father, sibling, child, spouse or person with whom you have a spouse-like relationship is a U.S. citizen by <b>OTHER</b> than birth, or if they are an alien residing in the U.S., provide nature of the individual's association to you (ie., spouse, mother, etc.), and the individual's name and date of birth below.				
1) Association	Name		Date of Birth	
2) Association	Name		Date of Birth	
<b>B</b> Provide the individual's naturalization certificate information or alien registration number below.				
1) Certificate/Registration No.:				
2) Certificate/Registration No.:				

### Military History

17. Have you served in the United States military? If "YES," please provide a copy of your DD214.								YES <input type="checkbox"/>	NO <input type="checkbox"/>
18. Have you <b>ever</b> received other than an honorable discharge from the military? If "Yes", provide the date of discharge and type of discharge below.								YES <input type="checkbox"/>	NO <input type="checkbox"/>
Month/Year		Type of Discharge							
19. List all of your military service below, including service in Reserve, National Guard, and U.S. Merchant Marine. Start with the most recent period of service and work backward. If you had a break in service, each separate period should be listed.									
<ul style="list-style-type: none"> <li>• Available Codes: 1 – Air Force 2- Army 3-Navy 4-Marine Corps 5-Coast Guard 6-Merchant Marine 7-National Guard</li> <li>• Mark appropriate block for either <b>Officer</b> or <b>Enlisted</b>.</li> <li>• Status-Mark the appropriate block for the status of your service during the time that you served.</li> </ul>									
Month/Year Month/Year	Code	Officer	Enlisted	Status				Country	
				Active	Active Reserve	Inactive Reserve	National Guard (state)		
1) To									
<b>Selective Service Record</b>									
20. Are you a male born after December 31, 1959?								YES <input type="checkbox"/>	NO <input type="checkbox"/>
If you answered "Yes" to the question above, have you registered with the Selective Service System? If "Yes", provide your registration number. If "No", provide the reason for your legal exemption.								YES <input type="checkbox"/>	NO <input type="checkbox"/>
Registration Number		Legal Exemption Explanation							

### Questionnaire Continuation

Last Name	First Name	Middle Initial	Jr., II, etc.	Social Security Number	
<b>Medical Record</b>					
21. In the last ten (10) years, have you consulted with a mental health professional (psychiatrist, psychologist, counselor, etc.) or have you consulted with another health care provider about a mental health related condition?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
If you answered "Yes", provide the dates of treatment and the name and address of the therapist or doctor below, <b>UNLESS</b> the consultations(s) involved <b>ONLY</b> marital, family, or grief counseling, not related to violence by you. You will also be requested to sign an Authorization for Release of Medical Information.					
Month/Year	Month/Year	Name/Address of Therapist or Doctor		State	Zip code
1) _____	To _____				
Month/Year	Month/Year	Name/Address of Therapist or Doctor		State	Zip Code
2) _____	To _____				

<b>Your Foreign Activities</b>					
22. Do you have any foreign property, business connections, or financial interests?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
23. Are you now or have you <u>ever</u> been employed by or acted as a consultant for a foreign government, firm, or agency?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
24. Have you <u>ever</u> had a contract with a foreign government, its establishments (embassies or consultants), or its representatives, whether inside or outside the U.S., other than on official U.S. Government business? (Does not include routine visa applications and border crossing contacts).			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
25. In the last ten (10) years, have you had an active passport that was issued by a foreign government?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
If you answered "Yes" to any of the questions in this section, explain in the space below the dates, names of firms and/or governments involved, and an explanation of your involvement.					
Month/Year	Firm and/or Government		Explanation		
Month/Year					
1) _____	To _____				
Month/Year	Firm and/or Government		Explanation		
Month/Year					
2) _____	To _____				
26. <b>Foreign Countries You Have Visited</b> - List foreign countries you have visited, except on travel under official Government orders. Begin with the most current and work back ten (10) years.					
<ul style="list-style-type: none"> <li>Available Codes: 1 – Business 2 – Pleasure 3 – Education 4 – Other</li> <li>Include short trips to Canada and Mexico. If you have lived near a border and have many short (one day or less) trips to the neighboring country, you do not need to list each trip. Instead, provide the time period, the code, the country, and note ("Many short trips")</li> </ul>					
Month/Year	Code	Country	Month/Year	Code	Country
Month/Year			Month/Year		
1) _____	To _____		3) _____	To _____	
Month/Year	Code	Country	Month/Year	Code	Country
Month/Year			Month/Year		
2) _____	To _____		4) _____	To _____	

### Questionnaire Continuation

Last Name	First Name	Middle Initial	Jr., II, etc.	Social Security Number	
<b>Association Record</b>					
27. Have you <b><u>ever</u></b> been an officer or a member or made a contribution to an organization dedicated to the violent overthrow of the U.S. Government and which engages in illegal activities to that end, knowing that the organization engages in such activities, with the specific intent to further such activities?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
28. Have you <b><u>ever</u></b> knowingly engaged in any acts or activities designed to overthrow the U.S. Government by force?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
If you answered "Yes", explain your answer in the space below.   					

<b>Police Record</b> - For this section, report information regardless of whether you believe the record in your case has been "sealed" or otherwise stricken from the court record. The single exception to this requirement is for certain convictions under the Federal Controlled Substances Act for which the court issued an expungement order under the authority of 21 U.S.C. 844 or 18 U.S.C. 3607.		
29. Have you <b><u>ever</u></b> been charged with or convicted of any felony offense?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
30. Have you <b><u>ever</u></b> been charged with or convicted of a firearms or explosives offense?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
31. Have you <b><u>ever</u></b> been charged with or convicted of any offense(s) related to alcohol or drugs?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
32. In the last ten (10) years, have you been convicted by a military court-martial or other disciplinary proceedings under the Uniform Code of Military Justice? (Include non-judicial, Captain's mast, etc.)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
33. Have you <b><u>ever</u></b> been arrested for or charged with a crime involving a child?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
34. Have you <b><u>ever</u></b> been found guilty of, or entered a plea of nolo contendere (no contest) or guilty to, any felonious offense, or any of two or more misdemeanor offenses under Federal, State, or tribal law involving crimes of violence; sexual assault, molestation, exploitation, contact or prostitution; crimes against persons; or offenses committed against children?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
35. In the last ten (10) years, have you been arrested for, charged with, or convicted of, been imprisoned, been on probation, or been on parole for any offense(s) not listed in the responses above? (Include traffic fines and accidents where you were the driver.)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
36. Have you <b><u>ever</u></b> been a subject of a restraining order or an order of protection?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

### Questionnaire Continuation

Last Name	First Name	Middle Initial	Jr., II, etc.	Social Security Number
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37. Have you <b>ever</b> been a subject of a grand jury investigation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
38. Are you now under charges for any violation of law or are there currently any charges pending against you for any criminal offense?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
39. Have you been arrested by any police officer, sheriff, marshal or any other type of law enforcement officer?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

If you have answered "Yes" for any of the above questions in this section, explain your answer(s) below.

Question #	Month/Year	Offense	Action Taken	Arresting Law Enforcement /Military Agency	State

**Illegal Drugs and Drug Activity-**You are required to answer the questions fully and truthfully, and your failure to do so could be grounds for an adverse employment decision or action against you, but neither your truthful responses nor information derived from you responses will be used as evidence against you in any subsequent criminal proceeding.

40. Since the age of 16 or in the last ten (10) years, whichever is shorter, have you <b>illegally</b> used any controlled substance, for example, marijuana, cocaine, crack cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), amphetamines, depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogens (LSD, PCP, etc.), or have you <b>illegally</b> used prescription drugs?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
41. Have you <b>ever</b> illegally used a controlled substance while employed as a law enforcement officer, prosecutor, or courtroom official; while possessing a security clearance; or while in a position directly and immediately affecting the public safety?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
42. In the last ten (10) years, have you been involved in the illegal purchase, manufacture, trafficking, production, transfer, shipping, receiving, or sale of any narcotic, depressant, stimulant, hallucinogen, or cannabis, for your own intended profit or that of another?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

If you answered "Yes", provide the date(s) and explanation of your use below.

Question #	Month/Year Month/Year	Controlled Substance/Prescription Drug Used	Number of Times Used
	1)                      To		
	2)                      To		

**Use of Alcohol**

43. In the last ten (10) years, has your use of alcoholic beverages (such as liquor, beer, wine) resulted in any alcohol-related treatment or counseling (such as for alcohol abuse or alcoholism)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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If you answered "Yes", provide the date(s) of treatment/counseling and additional information below.

Month/Year	Month/Year	Name/Address of Counselor or Doctor	State	Zip code
1)                      To				
Month/Year	Month/Year	Name/Address of Counselor or Doctor	State	Zip code

2)	To				
<b>Questionnaire Continuation</b>					
Last Name	First Name	Middle Initial	Jr., II, etc.	Social Security Number	
<b>Public Record Civil Court Actions</b>					
44. In the last ten (10) years, have you been a party to any public record civil court actions not listed elsewhere on this form?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
If you answered "Yes" for any of the above questions in this section, provide the information requested below.					
Incurred Month/Year	Nature of Action	Result of Action	Name of Parties Involved	Court	

<b>Financial Records</b>					
45. In the last ten (10) years, have you, or a company over which you exercised some control, filed under any chapter of the bankruptcy code or been declared bankrupt?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
46. In the last ten (10) years, have you had your wages garnished or had any property repossessed for any reason?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
47. In the last ten (10) years, have you had a lien placed against your property for failing to pay taxes or other debts?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
48. In the last ten (10) years, have you had any judgments against you that have not been paid?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
49. In the last ten (10) years, have you defaulted on any type of loan?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
50. In the last ten (10) years, have you had bills or debts turned over to a collection agency?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
51. Have you <u>ever</u> experienced financial problems due to gambling?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
52. Have you <u>ever</u> been under investigation for embezzlement?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
If you answered "Yes" for any of the above questions in this section, provide the appropriate information below.					
Question #	Month/Year	Type of Action	Amount	Name Action Occurred Under	Name/Address of Creditor or Obligor and/or Name of Court or Agency Handling Case

### Questionnaire Continuation

Last Name	First Name	Middle Initial	Jr., II, etc.	Social Security Number
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#### Use of Information Technology Systems

53. In the last ten (10) years, have you illegally or without proper authorization entered into an information technology system?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
54. In the last ten (10) years, have you illegally or without proper authorization modified, destroyed, manipulated or denied others access to information residing in an information technology system?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
55. In the last ten (10) years, have you introduced, removed, or used hardware, software, or media in connection with any information technology system without authorization, when specifically prohibited by rules, procedures, guidelines or regulations?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

If you answered "Yes", for any of the above questions in this section, provide the information requested below.

Question #	Nature of Incident/Offense	Location of Incident	Action Taken

Use this space or a separate sheet to provide additional explanations or information to any questions you may have answered "Yes" on this form. Ensure full name and social security number is on any attachments to this form.

**Questionnaire Continuation**

Last Name	First Name	Middle Initial	Jr., II, etc.	Social Security Number
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It is noted, with reference to this questionnaire, that neither your truthful responses nor information derived from your responses to this questionnaire will be used as evidence against you in a subsequent criminal proceeding.

**Certification that My Answers are True**

My statements on this questionnaire, and any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a false or fraudulent answer to any question or item on any part of this questionnaire or its attachments may be grounds for not hiring me, or firing me after I begin work, and may be punishable by fine or imprisonment.

Applicant's Initials

Date

I certify that my responses to the above questions are made under penalty of perjury, which is punishable by fine or imprisonment, and that I have received notice that a national criminal history records check will be conducted and is a condition of employment. I understand my right to obtain a copy of any national criminal history report made available to the **Lummi Nation Police Department** and my rights to challenge the accuracy and completeness of any information contained in the report.

Applicant's Signature

Printed Name

Date

**Questionnaire Continuation**

Last Name	First Name	Middle Initial	Jr., II, etc.	Social Security Number
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**Release to Obtain a Credit Report**

Fair Credit Reporting Act of 1970, as amended

One or more consumer credit reports may be obtained for employment purposes pursuant to the Fair Credit Reporting Act, as amended, 15 U.S.C. § 1681, *et seq.* Should a decision to take any adverse action against you be made based either in whole or in part on the consumer credit report, the consumer reporting agency that provided the report played no role in the **Lummi Nation Police Department's** decision to take such adverse action.

Information provided by you on the form will be furnished to the consumer reporting agency in order to obtain information in connection with an investigation to determine your (1) fitness for employment, (2) clearance to perform contractual services, and/or (3) security clearance or access. The information obtained may be re-disclosed to other agencies for the above purposes and in fulfillment of official responsibilities to the extent that such disclosure is permitted by law. Your Social Security number is needed to keep records accurate, because other people may have the same name.

I hereby authorize the **Lummi Nation Police Department** and/or their designated representative, to obtain such report(s) from any consumer/credit reporting agency for employment purposes.

Applicant's Signature

Printed Name

Date

## Authorization for Release of Information

I authorize any investigator, or other duly accredited representative of the agency conducting my background investigation, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, motor vehicle records, and/or national criminal history record information.

I further authorize any investigator, or other duly accredited representative of the **Lummi Nation Police Department** and/or their designated representative, who is conducting my background investigation, to request national criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for assignment to, or retention in a position working with children. I understand that I may request a copy of such records as may be available to me under the law.

I authorize custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, or other duly accredited representative authorized above regardless of any previous agreement to the contrary.

I understand that the information released by records custodians and sources of information is for official use by the **Lummi Nation Police Department** and/or their designated representative, only for the purpose of determining my suitability for employment with the **Lummi Nation Police Department**.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for five (5) years from the date signed or upon the termination of my affiliation with the **Lummi Indian Business Council**, whichever is sooner.

Signature (sign in black ink)	Printed Name		Date Signed
Position For Which You Are Being Investigated			Primary Contact Number
Current Address	State	Zip Code	Secondary Contact Number

## Authorization for Release of Medical Information

**Only requested to be signed if question 21 of the Investigative Questionnaire for Law Enforcement Positions has been answered in the affirmative.**

*Note: This is a release for the investigator to ask your health practitioner(s) the three questions below concerning your mental health consultations. Your signature will allow the practitioner(s) to answer only these questions.*

I am seeking assignment to or retention in a position with the **Lummi Nation Police Department** which may require access to classified national security information. As part of the clearance process, I hereby authorize the investigator, special agent, or duly accredited representative of the **Lummi Nation Police Department** and/or their representative, conducting my background investigation, to obtain the following information relating to my mental health consultations:

Does the person under investigation have a condition or treatment that could impair his/her judgment or reliability, particularly in the context of safeguarding classified national security information?

If so, please describe the nature of the condition and the extent and duration of the impairment or treatment.

What is the prognosis?

I understand that the information released pursuant to this release is for official use by the **Lummi Nation Police Department** only for the purpose of determining my suitability for employment in a law enforcement position with the **Lummi Indian Business Council**.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for one (1) years from the date signed or upon the termination of my affiliation with the **Lummi Indian Business Council**, whichever is sooner.

Signature (sign in black ink)	Printed Name		Date Signed
Position for which you are being investigated			Primary Contact Number
Current Address	State	Zip Code	Secondary Contact Number

**INSTRUCTIONS:** (1) Print your name; (2) sign the agreement; (3) have Someone witness your signature; (4) submit Agreement with your application.  
**DATE THE AGREEMENT.**

**Police/Public Safety Department  
Pre-Employment Agreement**

This agreement is entered into on the date shown below between \_\_\_\_\_  
and the Tribal Government (hereinafter referred to as LUMMI NATION).

**Witnesseth**

**WHEREAS,** \_\_\_\_\_ has expressed interest in becoming a police officer in the Police/Public Safety Department; and

**WHEREAS,** \_\_\_\_\_ understands that, should he/she be hired as a police officers in the Police/Public Safety Department, the LUMMI NATION will incur various expenses, including but not limited to costs of administering test and conducting interviews; costs of performing background investigations; costs of medical, psychiatric, drug screening, and other employment related examinations; costs of providing uniforms and equipment; costs for training sessions conducted by Police/Public Safety Department personnel and staff at a basic law enforcement training facility; and, salary paid to police officers during their training; and

**WHEREAS,** the LUMMI NATION is willing to assume the various costs associated with the examination, interviewing, and investigation of prospective police officers and the provision of uniforms and equipment, training, and salary during training for newly-hired police officers, provided the LUMMI NATION receives a commitment from an applicant that he or she will remain in the Police/Public Safety Department for a minimum period of thirty-six (36) months; and

**WHEREAS,** the LUMMI NATION seeks to have well-trained police officers on the Police/Public Safety Department; and

**WHEREAS,** \_\_\_\_\_ understand and acknowledges that, should he/she be hired as a police officer for the Police/Public Safety Department, he/she will be expected to remain in the employment of the LUMMI NATION for a minimum of thirty-six (36) months or else reimburse the LUMMI NATION for the expenses incurred by the LUMMI NATION in testing, interviewing, equipping, and training him/her.

NOW, THEREFORE, in consideration of the mutual promises and covenants contained herein below, the parties do freely and voluntarily enter into this Agreement.

#### **SECTION 1.**

The recitals stated above are incorporated herein as part of this Agreement.

#### **SECTION 2.**

The Lummi Nation agrees:

- A. to consider \_\_\_\_\_ for employment as a police officer for the Police/Public Safety Department;
- B. to administer various examinations in order to determine whether \_\_\_\_\_ is an appropriate candidate for employment as a police officer for the Police/Public Safety Department;
- C. to provide initial uniforms and equipment;
- D. to provide such training and instruction as the LUMMI NATION, in its sole discretion, deems appropriate; and
- E. to pay \_\_\_\_\_ his/her full wages during any period in which \_\_\_\_\_ is being trained.

#### **SECTION 3.**

\_\_\_\_\_ agrees that should he/she be hired as a police officer for the Police Department, he/she will remain in the employment of the LUMMI NATION as a police officer for a minimum of thirty-six (36) months from the date of hire. If he/she does not remain in the employment of the LUMMI NATION as a police officer for a minimum of thirty-six (36) months from the date of hire, he/she will reimburse the LUMMI NATION for any and all costs incurred as enumerated in SECTION 4 below at the following rate:

- A. 100%, if resignation is prior to twenty-four (24) months having elapsed from date of hire;
- B. 50%, if resignation occurs prior to the time thirty-six months, but more than twenty-four (24) months have elapsed.

#### **SECTION 4.**

Schedule of costs to be incurred by LUMMI NATION (estimates, actual costs may vary):

- A. Administration of written and physical agility examination (\$200)
- B. Interviews (3 person panel= \$300)
- C. Background Investigation (40 hours= \$1,618)
- D. Medical, psychiatric, Drug-Screening and Other Employment-Related Examinations. (\$415)
- E. Uniforms and Equipment issued by LUMMI NATION (\$3,110)

- F. Basic Law Enforcement Training Facility (\$2,299)
- G. Salary paid during Field Training Sessions and Basic Law Enforcement Training (\$26,586)

#### **SECTION 5.**

This Agreement shall terminate after the completion of thirty-six (36) months from the date of hire.

#### **SECTION 6.**

\_\_\_\_\_ understands that employment with the Police/Public Safety Department is contingent upon his/her completion of a probationary period of six months or Completion of Basic Police Academy, **whichever is longer**. Nothing contained herein shall be construed as a promise or agreement by either the Police/Public Safety Department or the LUMMI NATION to retain as a Police Officer for the Police/Public Safety Department for thirty-six (36) months or any portion thereof.

#### **SECTION 7.**

The LUMMI NATION and the Police/Public Safety Department does not, by this Agreement, waive any of the rights, privileges retained.

#### **SECTION 8.**

\_\_\_\_\_ agrees that, should it become necessary for the LUMMI NATION to file suit in order to collect the costs as enumerated in SECTION 4, he/she will pay all costs of said suit, including reasonable attorney's fees and all interest allowed at the legal rate on the amount of which is owned.

#### **SECTION 9.**

\_\_\_\_\_ agrees that the LUMMI NATION shall retain any money from his/her paycheck, including but not limited to payment for any unused vacation, sick leave, and compensatory time, to satisfy, either in full or in part, payment of the costs enumerated in SECTION 4 and authorizes the LUMMI NATION to retain monies from his/her paycheck to satisfy these payments. In addition, agrees that the retainage authorized by this section shall not operate to waive the right of the LUMMI NATION to commence legal proceedings against him/her to recoup any outstanding balance.

#### **Section 10.**

\_\_\_\_\_ Acknowledges that he/she has examined this agreement that he/she has read and understands this Agreement, and he/she has the right to consult an attorney prior to entering this agreement.

**Section 11.**

\_\_\_\_\_  
Applicants Name

\_\_\_\_\_  
Applicants Address

\_\_\_\_\_  
Lummi Nation, State, ZIP

**SECTION 12.**

The invalidity of any portion of this Agreement will not and shall not affect the validity of any other provision. In the event that any provision of this Agreement is held to be invalid, the parties agree that the remaining provision shall be deemed in full force and effect as if they had been executed by both parties subsequent to the expungement of the invalid provision.

**SECTION 13.**

No modification of this Agreement shall be binding unless evidenced in writing and signed by both parties.

**SECTION 14.**

The LUMMI NATION agrees that it will not seek any of the costs enumerated in SECTION 4 should the LUMMI NATION terminate or discharge \_\_\_\_\_ from the Police/Public Safety Department.

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Chief of Police/Public Safety Director

Witnessed:

Attest: \_\_\_\_\_

Date:

Date of Hire

HR use only